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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and /DIANA B JOHANNSEN/					
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**TITLE**  
 Method and Kit for Predicting Adverse Side Effects of Paclitaxel Therapy

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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